

Professional / Identifying Information

Solutions EAP

Resource Provider

Last Name _____ First Name _____

Agency Name _____

Federal Tax ID # _____

Credentials _____

Certifications/Licenses CAD/CADC? _____ CEAP? _____ SAP (Substance Abuse Professional)? _____

other: _____

Race/Ethnic Origin _____

Additional Languages _____

Office Location

Phone Number _____

Fax Number _____

email address _____

Office address _____

City, State & Zip Code _____

Primary Location?

| | |
|-----|----|
| yes | no |
|-----|----|

Other Office Location

Phone Number _____

Fax Number _____

email address _____

Street address _____

City, State _____

Postal Code _____

Type of Service Provided

(please circle)

| | | |
|----------------|-----|----|
| Alcohol | yes | no |
| Drug | yes | no |
| Family/Marital | yes | no |
| Psychological | yes | no |
| Work-Related | yes | no |
| Medical | yes | no |
| Financial | yes | no |
| Legal | yes | no |

Insurance Panels You participate in

(please list)

Kinds of Services

| | | |
|-----------------------|-----|----|
| Evaluations | yes | no |
| Intensive outpatient | yes | no |
| outpatient counseling | yes | no |
| _____ | yes | no |
| _____ | yes | no |

Descriptive Information

| Office Hours/Days | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------------------|--------|---------|-----------|----------|--------|----------|--------|
| morning | | | | | | | |
| afternoon | | | | | | | |
| evening | | | | | | | |

Age Range of Clients (please circle) adults adolescents child (starting age:)

Accessible to Disabled yes or no

Areas of Specialization _____

Theoretical Orientation _____

Please include two professional references (one reference from an EAP provider professional is preferred but not required).

Name & Title _____

Agency _____

fax/email _____

Name & Title _____

Agency _____

fax/email _____

1 Number of years you have been involved in providing counseling/therapy/evaluation activities:_____

2 Number of years providing Employee Assistance Program Services:_____

3 Number of years in which you have worked in your current general geographic location:_____

4 Briefly describe your familiarity with local community resources (support group, budget counseling, legal resources, TX resources.

5 Areas of expertise: (i.e. eating disorders, depression, child/adolescent issues, etc.)

6 What type of problem areas do you feel comfortable working with?

7 What **client population** do you feel most comfortable working with?

8 What **client population** do you **not** feel comfortable working with?

9 What training experience do you have in the assessment and tx of substance abuse?

10 Please describe your skill level in treating clients within a brief format.

11 Briefly describe your experience in providing EAP services.

12 Please list other EAPs who you subcontract with.

13 Describe your experience/availability in providing training services. List topics that you have conducted.

14 Have you provided **CISD** (Critical Incident Stress Debriefings) if so please describe your experience.

15 Are you able to see Solutions clients within **three** business days for routine requests. _____

16 In emergencies (life threatening crises) or urgent situations are you able to schedule clients on a same-day basis?_____

- 17 *Has any disciplinary action ever been taken regarding any psychotherapy license that you now hold or have ever held? (Disciplinary actions include but are not limited to suspension, revocation, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.)* yes _____ no _____
- 18 *Have you or anyone insuring you or otherwise acting on your behalf settled a claim of error or omission relating to your clinical practice?* Yes _____ no _____
- 19 *Have you ever had a claim filed, dismissed, or tried against you relative to the practice of psychotherapy or any related counseling function?* Yes _____ no _____
- 20 *If you answered **YES** to any of the above questions, please explain in detail on a separate sheet of paper and include any pertinent legal or other documentation.*

Please enclose the following information along with your application:

- _____ Current resume/vita
- _____ Copy of licensure (if applicable)
- _____ Copy of **SAP** Certification
- _____ Copy of professional liability coverage
- _____ Copy/certificate of highest degree
- _____ W-9 form (The address on the W-9 must match the address you will be using on your invoices)

Thank you for providing the information. Please send to:

Solutions Employee Assistance Program
George Wassell, MS, LPC, CEAP
883 Paddock Avenue, Suite 2
Meriden, CT 06450

1-800-526-3485
fax: (203) 379-2048